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Date: June 7, 2004

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Name: Commissioner of Patents

Art Unit: 3738

Examiner: Suzette Jamie Jackson

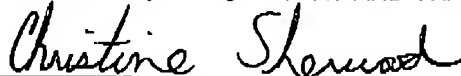
Phone: 703-308-6516

From: Mark Garscia
Reg No. 31,953

Re: Application No. 10/019,563
Filed July 1, 2002
Entitled DEVICE AND METHOD FOR TREATMENT OF MITRAL
INSUFFICIENCY

File: ECV 5699/49989/MEG/E303

I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO
THE UNITED STATES PATENT AND TRADEMARK OFFICE ON June 7, 2004.


Christine Sherwood

*Correspondence: Amendment Transmittal Letter and Supplemental
Amendment

For Office Services Use Only
Return Fax to Christine Sherwood

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PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on June 7, 2004.

Christine Sherwood
Christine Sherwood

Applicant : Jan Otto Solem, et al.
Application No. : 10/019,563
Filed : July 1, 2002
Title : DEVICE AND METHOD FOR TREATMENT OF MITRAL INSUFFICIENCY

Grp./Div. : 3738
Examiner : Suzette Jamie Jackson

Docket No. : ECV 5699/49989/MEG/E303

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
June 7, 2004

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	52	*50	2	x \$9.00	2 x \$18.00	36.00
Independent Claims	11	** 9	2	x \$43.00	2 x \$86.00	172.00
Multiple Dependent Claims ***				\$145.00	\$290.00	
TOTAL FILING FEE						208.00
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					
LIST INDEPENDENT CLAIMS: 11, 23, 31, 32, 42, 48, 49, 50, 51, 63, and 64						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

Attached is our check for \$ to pay the fees calculated above.

A Petition for Extension of Time and the required fee are enclosed.

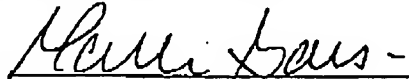
Other enclosures:

**Amendment Transmittal Letter
Application No. 10/019,563**

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted.

CHRISTIE, PARKER & HALE, LLP

By 
Mark Garscia
Reg. No. 31,953
626/795-9900

MEG/cks

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